Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>8-18-08</u>	Address:	2740 S. PLEASANT RD
Case #:	<u>45-48754</u>		CORYDON
County:	<u>HARRISON</u>		<u>IN 47112</u>
Type of Laboratory Seizure (check one) Operational Lab Chemical/Giassware/Equipment (only) Dumpsite (only)		Scizure Location (a Residence Outbuilding Vehicle	check all that apply) Hotel/Motel Open – No Structure Other:
Items Found: Location (bedroom, kitchen, open air, cfc) (check all that apply) I ithium/Ammonia Reaction(s): Red Phosphorous/Iodine Reaction(s): OPEN			
☐ Flammable Solvents: OPEN/GARAGE/RESIDENCE			
Water Reactive Metal (Lithium):			
Auhydrous Ammonia:			
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid: OPEN			
Corrosive Base: OPEN			
Other (item and location): <u>IODINE - OPFN</u>			
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services		 Investigative Information ☐ Ephedrine/Pseudocphedrine Tracking Log ☐ Retail/Merchant Tip ☐ Other: PAROLE CHECK 	
This report is to be faxed to the following agencies that serve the location:			
Fire Depart	ment: HARRISON TWP.	Fax: <u>N/A</u>	
Health Department: HARRISON CO.		Fax: <u>812-738-4292</u> Fax: <u>812-738-8166</u>	
Child Prote	ction Service; HARRISON CO.	7EK (1757)	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: K.M. SMITH Phone 812-246-5424			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department. listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.